

Comparison of Current and Draft Nursing Home Chapter

Issues	COMAR 10.24.08	COMAR 10.24.20	Goal
Simplifying CON Process			
Add Docketing Rules	No docketing rules	Docketing rules requiring need for beds; meeting previous conditions; no fraud or abuse.	Clarify rules up front to reduce delayed and unnecessary reviews.
Add Docketing Rule Exceptions	No docketing rules	Add docketing exceptions for: Adding beds in jurisdictions where 50% or more of facilities had an average overall star rating below 3 stars; physical plant replacement; HSCRC-approved risk-sharing agreement between nursing home and hospital.	Address system needs; policy to address total cost of care.
Modify Waiver bed rules	Establish some restrictions on waiver beds; eliminate bed "banking"	"Waiver beds must be implemented and become licensed within one year of the Commission's letter.... Any authorized waiver beds not implemented and licensed within one year will expire one year after approval..."	Reduce "paper beds."
Integrating Nursing Homes into Continuum of Care			
Nursing home-hospital coordination	General standards on collaborative relationships	" An applicant shall demonstrate its commitment to effective collaboration ... reducing inappropriate readmissions to hospitals, improving overall quality of care, and providing care in the most appropriate and cost effective setting."	Encourage cooperation between hospitals and post-acute providers to reduce length of stay and costs.

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Nursing home-community coordination	General standards on collaborative relationships	"An applicant shall demonstrate its commitments to providing an effective continuum of care...collaborative efforts with Medicare-certified home health agencies and hospices..."	Linkages to reduce length of stay in nursing homes and provide care in the most appropriate and least restrictive setting.
Increasing Focus on Quality			
Consumer choice	"The Commission, through its Nursing Home Performance Evaluation Guide, will report current data ... in order to assist consumers in decision-making regarding long term care services."	"The Commission will incorporate selected quality metrics from the most recent Nursing Home Compare quality measures into standards and rules used for Certificate of Need review."	Encourage consumer choice as well as focus on quality.
Standards	No level G or higher deficiencies	Document that at least 70% of facilities owned or operated by applicant had an average overall star rating of 3 or more stars.	Utilize existing tools to standardize quality measurement.
Implementing Innovative Design			
FGI Guidelines	Facility and unit design to meet residents' needs.	"An applicant shall provide...an appropriate living environment that demonstrates compliance with...current FGI Guidelines..."	Provide more specific and measurable standards.
Person-centered care	Reduce rooms with more than 2 beds per room; individual temp controls; no more than 2 residents share toilet.	"Identify in detail plans to effectively develop a nursing home that provides a cluster/neighborhood design or connected household design, rather than an institutional	Incorporate elements of person-centered care.

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		design, as defined by FGI Guidelines.”	
Specialty units	Identify types of residents intended to serve and cite literature re best design.	Identify types of residents served and meet specific licensing (COMAR) regulations as well as FGI Guidelines.	Provide more specific and measurable standards.
Updating Bed Need Methodology			
Simplify steps	Apply age-adjusted use rates and migration adjustments.	Apply age-adjusted use rates and migration adjustments, but simplify steps so that projections can be updated and replicated.	Simplify.
	7-year base to target year	5-year base to target year.	With changes in health care environment, do not project too far forward.
	Community-based services adjustment to adjust past use rates downward.	No community-based services adjustment since statewide use rate is declining.	Need projections evolve as conditions change.
Occupancy adjustment	Occupancy as separate standard, applied after bed need.	Occupancy is incorporated into bed need projection.	Eliminate possible conflict between bed need and standards.